

Nongonococcal Urethritis (NGU) and Verified NGU Contacts Treatment

Standing Order in N.C. Board of Nursing Format

INSTRUCTIONS FOR LOCAL HEALTH DEPARTMENT STAFF ONLY

Use the approved language in this standing order to create a customized standing order exclusively for your agency.

Print the customized standing order on agency letterhead. Review standing order at least annually and obtain Medical Director's signature.

Standing order must include the effective start date and the expiration date.

Assessment

Subjective Findings

Clients may present with the following history:

- urethral discharge or recent history of urethral discharge
- dysuria
- urethral inflammation
- intrameatal itching
- asymptomatic with history of new or multiple sex partners
- lack of condom use plus one of the criteria above

*Subjective findings alone do not meet N.C. Board of Nursing requirements for treatment by a registered nurse (RN) or STD Enhanced Role Registered Nurse (STD ERRN).

The STD ERRN or RN must assess and document at least one of the three findings below before implementing treatment for an asymptomatic client.

Verified Criteria

Recent (within 60 days) exposure to NGU:

1. client presents with a state or county issued partner referral card
2. client provides name of sexual partner and public health nurse verifies diagnosis of named sexual partner by NC EDSS or call to medical provider of named partner (index case)
3. medical provider or Disease Intervention Specialist (DIS) refers client

Note: A STD screening examination is recommended in all of the above scenarios.

Objective Findings

Clinical documentation of one criterion from criteria (1 - 3) below, plus one additional laboratory criterion from criteria (4-7) as follows:

1. Physical examination reveals urethral discharge, or
2. Client complains of dysuria or intrameatal itching on day of examination and discharge is not present on examination
3. Client is asymptomatic, with sexual exposure in the last 60 days and meets at least one lab criteria below

Recommendation: If the client gives a recent history of dysuria, discharge or urethral exposure within last 60 days, have the client "milk" the penis to obtain a discharge specimen for testing. If the client is asymptomatic and has NOT had urethra sexual exposure in the last 60 days a Gram stain should not be collected, only a urine NAAT.

Plus, one of the following laboratory criteria:

4. Gram stain demonstrates ≥ 2 WBC per oil immersion field without the presence of Gram Negative Intracellular Diplococci (GNID), or
5. Microscopic examination of first voided urine or \geq one hour since last voiding: urine sediment demonstrates ≥ 10 WBC per high-power field, or
6. Negative Gonorrhea culture or NAAT, with visible urethral discharge on date of examination, and Gram stain recorded as < 2 WBC with no intracellular diplococci (GNID) found
7. Negative Chlamydia NAAT (if collected), with visible urethral discharge on date of examination, and Gram stain recorded as < 2 WBC and no intracellular diplococci (GNID) found.

Plan of Care

Implementation

A registered nurse employed or contracted by the local health department may administer or dispense treatment for NGU by standing order for verified contacts or when adequate objective findings listed above are documented in the medical record.

1. Administer Azithromycin 1 gm PO in a single dose, or
2. Dispense Doxycycline 100 mg PO BID x 7 days if the client is allergic to Azithromycin and not pregnant, or
3. If the client is allergic to Azithromycin, pregnant and a verified contact to NGU wait for NAAT results before treating. If results are negative, do not treat. If results are positive, treat based on the organism identified.

Note: All females who are pregnant and a contact to an STI meet the criteria for a NAAT testing through the NCSLPH

LOCAL DECISION: *Local Medical Directors or medical providers may elect to treat with erythromycin instead of waiting for NAAT results for pregnant verified NGU contacts. Local standing orders should reflect local practice.*

Nursing Actions

- A. Review findings of the clinical evaluation with the client. Provide client-centered STD education, including verbal and written information concerning:
 1. laboratory tests that he/she received
 2. instructions for obtaining laboratory test results
 3. information about the diagnosis
 4. condoms and literature about risk reduction behavior
- B. Advise client to:
 1. abstain from sexual intercourse for seven days after single-dose therapy or until completion of 7-day medication regimen
 2. advise client to abstain from sex until partner(s) have completed their treatment
 3. always use condoms and use correctly
 4. disinfect diaphragm with 70% isopropyl (rubbing) alcohol, if this is client's method of birth control
 5. use back-up contraceptive while on medication and for seven days after completion of medication for female clients, who are taking oral contraceptives
 6. deliver partner referral card(s) for all recent (within 60 days) sexual partner(s) or if last exposure was > 60 days before onset of symptoms, instruct the client to notify the most recent sexual partner(s) they are to have a STD examination, testing, and treatment
 7. notify all sexual partners to take the partner referral card to their medical provider or local public health department
 8. learn about the relationship between STDs and HIV acquisition
 9. request repeat HIV testing in the future if ongoing risk factors (i.e., persons with multiple partners should be tested every three (3) months, etc.)
 10. use other disease prevention barrier methods such as dental dams, if applicable
 11. clean and cover sex toys, if applicable, to decrease transmission of infections
- C. Inform the client about the specific medication(s) administered and/or dispensed:
 - Azithromycin, or
 - Doxycycline
- D. Counsel the client regarding the prescribed medication:
 1. inquire and document the type of reactions the client has experienced in the past when taking the medication

2. advise client that (s)he may experience side effects: such as nausea, vomiting, cramps, diarrhea or headache
3. if oral medication is vomited within 2 hours or the medication is seen in the vomitus, return to the clinic as soon as possible
4. caution female clients not to get pregnant while taking Doxycycline

E. Additional instructions:

1. return to clinic if symptoms persist, worsen, or reappear 2 weeks after treatment
2. return to clinic if the client develops abdominal pain, scrotal pain or oral temperature $\geq 101^{\circ}\text{F}$

F. Criteria for Notifying the Medical Provider

1. Contact the medical provider if there is any question about whether to carry out any treatment or other provision of the standing order, including client reporting a drug allergy for the medication provided in the standing orders.
2. DO NOT ADMINISTER TREATMENT and consult with medical provider, if any of the following conditions are present:
 - oral temperature $\geq 101^{\circ}\text{F}$.
 - abdominal, adnexal or cervical motion tenderness on examination
 - sustained cervical bleeding on exam or ANY reported vaginal spotting/bleeding by a pregnant client
 - scrotal pain or swelling

G. Follow-up requirements:

1. Persistent symptoms two weeks after completing treatment and without re-exposure – see Persistent NGU standing order.
2. Assure disease reporting occurs via the NC Electronic Disease Surveillance System (NC EDSS) with entry of lab test results and treatment information after all test results are back.
3. Urethral discharge and negative Gonorrhea lab(s) results should be documented when entering lab information for NGU. Example:
 - “no GNID found on Gram stain,” or
 - “no GNID found by culture or NAAT”
4. If Chlamydia testing was done, negative lab results should be documented when entering lab information for NGU into NC EDSS.

Approved by: _____ Date approved: _____
Local Health Department Medical Director

Reviewed by: _____ Date reviewed: _____
Director of Nursing/Nursing Supervisor

Effective Date: _____
Expiration Date: _____

Legal Authority: Nurse Practice Act, N.C. General Statutes 90-171.20(7)(f)&(8)(c)